

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

~~10/521793~~

REQUEST FOR PATENT FEE REFUND

| REQUEST FOR PATENT FEE REFUND | | | | 10/521793 |
|---|--|--|------------------------------------|------------|
| 1 Date of Request: _____ | | 2 Serial/Patent # 10/521793 | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| Filing | | | | \$ |
| Amendment | | | | \$ |
| Extension of Time | | | | \$ |
| Notice of Appeal/Appeal | | | | \$ |
| Petition | | | | \$ |
| Issue | | | | \$ |
| Cert of Correction/Terminal Disc. | | | | \$ |
| Maintenance | | | | \$ |
| Assignment | | | | \$ |
| Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$000.00 | |
| | | 8 TO BE REFUNDED BY: | Credit Card Refund Total: \$500.00 | |
| | | Treasury Check | Exp. No. XXXXXXXXX1001 | |
| | | Credit Deposit A/C #: | | |
| 10 REASON: | | 9 | | |
| Overpayment | | | | |
| Duplicate Payment | | | | |
| No Fee Due (Explanation): | | | | |
| 11 REFUND REQUESTED BY: _____ | | | | |
| TYPED/PRINTED NAME: _____ | | TITLE: _____ | | |
| SIGNATURE: _____ | | 02 PHONE: _____ | | -500.00 OP |
| OFFICE: **** THIS SPACE RESERVED FOR FINANCE USE ONLY: **** | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**